

HEALTH ASSURANCE LLC

NURSES NOTES

| DATE | TIME | |
|-------------------|-----------|--|
| 2/26 | 1200 noon | - Called to block to assess inmate. Status involved in altercation 1st p.m. with police. Laceration noted above R eyebrow approx 2 cm in length, small area gripping open. Cleared, applied antibiotic ointment + steri-strips x2. Also superficial scratch/abrasion to face - Cleared. Instructions re s/s of infection + to report. 130/80, 90, 14. Well - assess 3-5 days. <i>Allyson</i> |
| 2/28/05 | 0830 | Seen in medical. No pain in D side of ribs, during breathing, moving or coughing. Hx CTAs breath sounds bilateral. Skin appears to have a darker pigmentation down bilateral sides, below umbilicus. No bruising noted. Scratch marks noted to back of neck, chin, bilateral cheeks, D ear. Bilateral bruising noted to eyes. D eye redness noted in sclera. Bandaid & steri-strips intact above R eye. B/P 158/82, P 76 R-14. Will schedule a Mo - <i>Allyson</i> 3/1/05 20:00 Wt 156 lbs, Res 12, P=70 B/P 132/57 F/u 50 fight, <i>Allyson</i> |
| INITIAL SIGNATURE | | INITIAL SIGNATURE |
| | | INITIAL SIGNATURE |
| NAME- LAST | | FIRST |
| Golden | | Bobby |
| | | MIDDLE |
| | | ALLERGIES <i>None</i> |
| | | INMATE # 269382 |

| | |
|---|---|
| Name _____ Last _____ First _____ Middle Initial _____ | AIS # _____ |
| Date _____ Allergies _____ | Facility _____ |
| SIG. _____ | Discontinue _____ Continue _____ Increase _____ Decrease _____ |
| Physician Signature: _____ | |

NC002

| | |
|---|---|
| Name _____ Last <u>Golden</u> First <u>Bobby</u> Middle Initial _____ | AIS # <u>269382 BC</u> |
| Date <u>8/1/05</u> Allergies _____ | Facility _____ |
| SIG. _____ <u>→ Clem Dyl Loran to BID</u> <u>x 3 days to Subup</u> <u>→ Risperidone 800mg TPO BID x 3 days</u> | Discontinue <u>Noted</u> Continue <u>3-1-05</u> Increase <u>M. Dancer</u> Decrease <u>0040</u> |
| Physician Signature: <u>[Signature]</u> | |

NC002

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|--|--|
| Name _____ Last <u>Golden</u> First <u>Bobby</u> Middle Initial _____ | AIS # <u>269382 BC</u> |
| Date <u>2/28/05</u> Allergies <u>NKA</u> | Facility _____ |
| SIG. _____ <u>Motrin 800mg T PO BID x 3 days</u> | Discontinue <u>MAR</u> Continue <u>8</u> Increase <u>2/28/05</u> Decrease _____ |
| Physician Signature: <u>Dr. [Signature] / [Signature]</u> | |

NC002

| | |
|--|---|
| Name _____ Last <u>Golden</u> First <u>Bobby</u> Middle Initial _____ | AIS # <u>269382</u> |
| Date <u>2/26/06</u> Allergies _____ | Facility _____ |
| SIG. _____ <u>Apply skin rings to @ eyebrow laceration</u> | Discontinue _____ Continue _____ Increase _____ Decrease _____ |
| Physician Signature: <u>[Signature] / [Signature]</u> | |

NC002

